31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full

Full Name of Contributor	Registration Number, if PAC							
Tim Matthews								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6694 Deagle Dr.							ck	
City	State	Zip Code	M	D	Y		Amount	
Westerville	OH	43081	10	08	15		50-	
Full Name of Contributor	Registration Number, if PAC							
Anne Stidham								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
578 E. Royal Forest Blvd							ck	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43214	10	08	15		20-	
Full Name of Contributor	Registration Number, if PAC							
Lynette Turner								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4208 Foster St							ck	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43214	10	08	15		25	
Full Name of Contributor	Registration Number, if PAC							
Lauren Jones								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6220 Joes Hopper Rd							ck	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43230	10	08	15		25-	
Full Name of Contributor	Registration Number, if PAC							
Sara Reichley								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
534 S. Drexel Ave							ck	
City	State	Zip Code	M	D	Y		Amount	
Bexley	OH	43209	10	08	15		25-	
Full Name of Contributor	Registration Number, if PAC							
Megan Orlowski								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
526 Vista Dr.							cash	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	OH	43230	10	08	15		13	
Full Name of Contributor	Registration Number, if PAC							
Yan Omen								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5256 Settlemeard Dr.							cash	
City	State	Zip Code	M	D	Y		Amount	
New Albany	OH	43054	10	08	15		40-	
Full Name of Contributor	Registration Number, if PAC							
Jen Lane								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1265 Venetian Way							ck	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	OH	43230	10	08	15		40-	

* Required for contributions from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of $100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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